ILLUSTRATIVE EXECUTIVE ADVISORY BRIEF

Board Presentation Development: A Decision-Ready Path for Northstar Care Network

FICTIONAL DECISION-SUPPORT EXCERPT · NOT CLIENT WORK · EXECUTIVE STRATEGY

Board Presentation Development: A Decision-Ready Path for Northstar Care Network > **Illustrative sample only.** Northstar Care Network, its directors, operating data, and all figures are fictional. This public-facing example shows how DecisivIQ may develop decision architecture, governance narrative, board discussion, and follow-through from supplied materials. It is not an actual engagement or a prediction of results.

Executive premise

[The board does not need another operating update. It needs a bounded decision: whether to consolidate Northstar's three fragmented intake centers into one regional access model, and under what guardrails. The supplied deck identifies a credible access problem, but it asks the board to "support modernization" without naming the decision, cost of delay, or what management will do if the proposed direction is not authorized.]
[A stronger meeting should make uncertainty governable, not manufacture certainty. Directors should know what they approved, what management must still validate, what triggers a return to the board, and which consequences management owns. That is the difference between a persuasive deck and a decision-ready board presentation.]

Illustrative decision situation

[Northstar is a fictional multi-site community care provider serving approximately 42,000 annual patient contacts across three counties. Management's supplied 22-slide deck reports a 19% increase in abandoned intake calls during peak periods, a 14-day variation in referral-to-first-appointment time, and staff turnover it partly associates with repetitive intake work. It proposes a regional access hub, phased over nine months, using existing space and a new scheduling workflow. The illustrative capital request is $ 1.8 million; the estimate has not been independently validated.]
[The board has 35 minutes. It previously affirmed access reliability as a strategic priority but cautioned management against centralization that weakens local relationships or commits scarce funds before implementation gates are clear. The deck mixes detailed workflow slides, financial assertions, prior concerns, and an approval request. It does not say whether directors are selecting a model, releasing funds, approving a pilot, or offering advice.]
[The recommended meeting path asks for one thing: authorization of a 90-day design-and-validation phase, within an illustrative planning envelope, before a full implementation commitment. The next board decision would be whether the evidence supports a phased hub launch, local-center improvements, or cessation.]

Decision-quality observations

01 The recommendation outruns the evidence.
The access problem is clear; the case for one regional model is not. The deck should separate observed performance issues from assumptions about staffing capacity, patient routing, technology readiness, and the experience of vulnerable patient groups. The board can authorize validation without endorsing every hypothesis.

02 Decision rights are blurred.
Workflow design, staffing assignments, and vendor configuration belong with management. The board should authorize the risk envelope, test strategic fit, and set conditions for the next capital or implementation decision. Mixing those roles invites either operational micromanagement or ambiguous accountability.

03 Status quo is not framed as a real option.
Keeping three centers may avoid transition disruption, but it preserves inconsistent service, duplicate supervision, and pressure on clinical teams. That tradeoff should be explicit.

04 Follow-through is underdesigned.
The draft ends in approval language but names no reporting cadence, decision gate, or executive who must return with a recommendation. Activity updates are not enough.

DECISIVIQ / STRATEGY INTO OPERATING DISCIPLINE

Choose with clarity. Execute with control.

Options and material tradeoffs

Strategic option
· Option · Strategic upside · Material tradeoff and constraint · · — · — · — · · Maintain three local intake centers and improve them separately · Lowest transition risk; preserves local practices · Improvement may remain uneven; management must show local fixes can address the access gap on a credible timetable. · · Authorize a limited 90-day design-and-validation phase · Tests the hub model while preserving an exit point · Requires tight scope control and does not itself solve the access problem. · · Approve full hub implementation now · Could accelerate standardization · Commits the organization before staffing, workflow, patient-experience, and technology assumptions are tested. Premature on the supplied record. ·

Strategic option
The middle option is the better course. It recognizes the cost of delay without confusing urgency with readiness.

Recommended action architecture

01 Authorize a bounded design-and-validation phase.
Approve a 90-day, management-led phase with a stated illustrative spending ceiling, one executive sponsor, and no authority for full rollout. Require testing of process design, capacity, technology dependencies, local-relationship risks, and patient-access implications using management-approved materials.

02 Set the return-to-board evidence standard now.
Direct management to compare the hub, local improvement, and stop options against agreed criteria: service access, workforce impact, implementation readiness, resource demand, patient experience, and material downside. The decision package should distinguish observations from assumptions and flag matters needing qualified professional review.

03 Create governance cadence with escalation triggers.
Name the CEO accountable for the recommendation, identify the board committee or chair for interim oversight, and schedule a day-90 decision gate. Escalate sooner if the planning envelope may be exceeded, a critical dependency fails, or evidence materially weakens the case.

Executive questions to test

01 What evidence would make local-center improvement the better answer, even if a regional hub remains attractive?
02 Which implementation risk would create enough patient, workforce, or financial exposure to require reconsideration before the next decision gate?
03 Can management state in one sentence what it needs the board to decide today, what it retains authority to decide, and what it will return for board action?

Professional boundary

This is strategic planning, editorial, and decision-support work only. It shows how DecisivIQ can reorganize a client-supplied presentation into a board-appropriate decision narrative. It does not provide legal, tax, accounting, investment, regulatory, procurement, compliance, audit, certification, or government-representation advice. It does not validate data, create financial models, determine governance obligations, prepare binding instruments or filing materials, or guarantee outcomes.
Actual governance-facing materials are planning aids requiring review by authorized decision makers and appropriate qualified counsel or advisors. DecisivIQ uses management-approved, client-supplied facts and direction. New primary research, stakeholder interviews, independent fact verification, advanced chart production, visual brand redesign, attendance at the meeting, live facilitation, director outreach, and post-meeting implementation management are outside this offer.

Engagement snapshot

Offer: Board Presentation Development **Price: $ 695 Timeline: 5 business days** after receipt of complete required inputs **Scope:** One supplied editable presentation, briefing deck, or governance meeting package of up to 25 slides or 7,500 words of equivalent meeting material. Inputs include the meeting objective and request, agenda requirements, audience and governance context, time allotted, prior direction, sensitivities, and management-approved supporting material.
Deliverables: Board Decision Architecture Memo; re-architected editable Board Deck of up to 25 slides with revised sequencing, slide-level headlines, and board-focused narrative edits; Executive Opening and Recommendation Script; and Meeting Discussion and Follow-Through Guide covering discussion areas, unresolved questions, owners, and immediate post-meeting actions. One consolidated revision round is included within the agreed narrative direction and supplied source material.

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